Docket No.: 058647-0176 PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Tomoko TAKEHARA

Application No.: 10/752,706

Filed: January 08, 2004

Customer Number: 20277

Confirmation Number: 8946

Group Art Unit: 3736

Examiner: Huong Q. NGUYEN

For: FEMALE PHYSICAL CONDITION MANAGEMENT APPARATUS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

Applicant is entitled to small entity status under 37 CFR 1.27

Also attached:

The fee has been calculated as shown below:

| | NO. OF CLAIMS | HIGHEST PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | FEE |
|---------------------------|------------------|---|-----------------|------------|--------|
| Total Claims | 69 | 80 | 0 | \$50.00 = | \$0.00 |
| Independent Claims | 1 | 3 | 0 | \$200.00 = | \$0.00 |
| | · | Multiple dependent claims newly presented | | | \$0.00 |
| Fee for extension of time | | | | \$0.00 | |
| | | | | | \$0.00 |
| | | Total of Above Calculations | | | \$0.00 |

Please charge my Deposit Account No. 500417 in the amount of \$0.00. An additional copy of this transmittal sheet is submitted herewith.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit \boxtimes any overpayment, to Deposit Account No. 500417, including any filing fees under 37 CFR 1.16 for presentation of extra claims and any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

McDERMOTT WILL & EMERY LLP

Michael A. Messina Registration No. 33,424

Please recognize our Customer No. 20277 as our correspondence address.

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Date: July 19, 2006



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AMENDMENT

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated April 20, 2006 having a three-month shortened statutory period for response set to expire July 20, 2006, please amend the above-identified application as follows: